

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: PRINTHEAD WITH MULTIPLE INK FEEDING  
CHANNELS

Attorney Docket Number:: 000280.00034

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 9

Total Drawing Sheets:: 14

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italian  
Status:: Full Capacity  
Given Name:: Renato  
Middle Name::  
Family Name:: Conta  
Name Suffix::  
City of Residence:: Ivrea (TO)  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: via Lago S. Michele, 12  
City of mailing address:: Ivrea (TO)  
State or Province of mailing address::  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: 10015

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italian  
Status:: Full Capacity  
Given Name:: Alessandro  
Middle Name::  
Family Name:: Scardovi  
Name Suffix::  
City of Residence:: Ivrea (TO)  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via Burzio, 1  
City of mailing address:: Ivrea (TO)  
State or Province of mailing address::

Country of mailing address:: Italy  
 Postal or Zip Code of mailing address:: 10015

Applicant Authority Type:: Inventor  
 Primary Citizenship Country::  
 Status:: Full Capacity

Given Name::  
 Middle Name::  
 Family Name::  
 Name Suffix::  
 City of Residence::  
 State or Province of Residence::  
 Country of Residence::  
 Street of mailing address::  
 City of mailing address::  
 State or Province of mailing address::  
 Country of mailing address::  
 Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/169,114	06/27/02

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/IT00/00534	12/19/00	YES
Italy	AO99A00002	12/27/99	YES

### Assignee Information

Assignee name:: Olivetti Tecnost S.P.A.  
 Street of mailing address:: Via G Jervis 77  
 City of mailing address:: Ivrea (TO)  
 State or Province of mailing address::  
 Country of mailing address:: Italy  
 Postal or Zip Code of mailing address:: 10015